

Do Robots Dream of Electric Sheep?: *Robot Dreams* as Children's Graphic Medicine

By Karly Marie Grice, The Ohio State University

The presence of “graphic medicine,” a term coined by Ian Williams to “denote the role that comics can play in the study and delivery of healthcare” (“Why”), has been steadily growing throughout the twentieth and early twenty-first century (“Graphic” 22). Williams believes this is due to the fact that “the comics medium, with its unique and specific properties, is ideally suited to portraying the subjective experiences of the author with regard to illness and suffering and furthermore ideally suited to the education of both the public and professionals” (“Graphic” 27). Most of this growth has occurred in the realm of adult graphic narratives, particularly graphic memoirs. However, with the exception of educationally focused texts like the *Medikidz* series or the sporadic inclusion of medical issues in other works like *Smile* and *The Baby-Sitters Club: The Truth About Stacey* (both by Raina Telgemier), graphic medicine has less of a presence in the world of children's literature.

Maybe in order to view the presence of illness narratives in children's literature and comics we must broaden our understanding of what can be considered graphic medicine. After all, Arthur W. Frank writes, “What counts as an illness story is by no means clear” (21). For instance, a story of the troubled relationship between a robot and a dog has the potential to display a complex representation of the illness experience for young readers. This is what readers can find in Sara Varon's *Robot Dreams*. Varon's text deals with the inevitability of corporeal fragility in a way that utilizes an ethics of the body to reveal the complexity of the lived experience of illness throughout its narrative. Altogether, *Robot Dreams* works not only as a postmodern medical narrative but also a postcolonial manifesto. It allows the ill body to speak for itself through itself, bypassing the language of the modern medical narrative, it liberates children by positioning them as mature knowers, and it substantiates for readers of all ages the voice and struggles of the remission society. Varon's choice of genre puts the text into conversation with notable graphic medicine narratives for adults while simultaneously avoiding the dilemma of visualizing the sick child. Coupled with the genre, the rhetorical structure—namely the narrative's wordlessness—marks the text as for and of children and positions children as valid knowers of the illness experience.

Within this essay, I begin by grounding Varon's work as an example of graphic medicine for children by utilizing Arthur W. Frank's heuristic about body ideals and problems that he argues define illness narratives. Following Robot's dreams and his experiences upon waking up, I make connections to Frank's scholarship to reveal Robot as living in a wounded body and later taking part in what Frank refers to as the “remission society” (8), altogether a postmodern conceptualization of the illness narrative in its expansion of the story beyond the medical experience. This postmodern positioning provides a decolonization of the ill body that becomes doubly important for the ill child body, as Perry Nodelman argues children are often socially positioned as colonized subjects (29). Finally, I position Varon's choice to write a wordless comic in the funny animal genre as grounding her work in the history of graphic medicine while

also working as a tool towards the postcolonial ideology of the text, empowering children by having them participate in the conversation of illness as well as the disabled body by allowing it to tell its own story.

Part I: Road Maps and Heuristics: (Re)Framing the Future through Dreams

Many of the examples of graphic medicine for adults are explicit and literal with their portrayals of illness. Regardless of genre, the narratives all focus on how lives are changed by illness. In his exploration of illness and the human body, Frank argues that “[s]erious illness is a loss of the ‘destination and map’ that had previously guided the ill person’s life” (1). He explains that “[d]uring illness, people who have always *been* bodies have distinctive problems *continuing* to be bodies, particularly continuing to be the same sorts of bodies they have been” (Frank 28, emphasis in text). While Varon’s text is less explicit with its illness narrative, it too addresses this same issue. In *Robot Dreams*, the road map by which Robot lives his life changes forever when his body has such an illness experience. The story starts when Robot and Dog head to the beach for a day of fun. After arriving, Robot stands on the shore and looks hesitantly out at the water. He dips one toe into the surf and decides to disregard his personal health concerns, choosing to splash about with Dog. The two exit the water and bask in the sunlight for the rest of the day. Unfortunately, when it’s time to go Robot discovers that the water has rusted his limbs stiff and he lies frozen and immobile on the beach. Not knowing what to do, Dog regretfully leaves Robot behind.

Lying immutable upon the beach, Robot’s narrative turns from actual lived experience to dream escapes with the majority of his story being told through panels distinguished by wavy frames, a common graphic narrative tool connoting internal thought or dream sequences. Each of these dreams is a direct response to his position as a wounded, ill body and thus engages with the problems of embodiment. Frank has constructed a heuristic for understanding what he calls the “four general problems of embodiment: control, body-relatedness, other-relatedness, and desire” (29). In addition to his explanation of these as body-problems, Frank describes four continua of ideal body types as they interact with these problems: the disciplined body, the mirroring body, the dominating² body, and the communicative body (40-8). In Robot’s dreams, he not only works through different body-problems, but his relationship to his body throughout those workings are representative of the movement a person experiences across the various ideal body types.

Robot’s story would have taken a different route had he avoided the water during his and Dog’s beach trip. Robot’s first dream is that of the original road map of his life without illness. In this dream, Robot embodies that of the “disciplined body-self [which] defines itself primarily in actions of *self-regimentation*; its most important action problems are those of control” (Frank 41, emphasis in text). The dream starts by utilizing the graphic narrative braiding technique of panel repetition: the reader is returned to the exact turning point moment in the narrative where Robot makes the decision of whether or not to go swimming. This time, however, the panel of Robot dipping his toe in the water is replaced by one of him looking upward at the sun in contemplation of the consequences, resulting in his decision to stay back and read a

book instead (Varon 24-5). If Robot would have exercised this discipline of which he dreams, then he could have avoided the illness narrative as it actually unfolds. But his doing so would have come at the expense of his fulfilled desire of a lived experience of camaraderie with Dog. Unfortunately, he did not, and as a result his illness experience has forever changed his map. The rest of Robot's narrative as the reader experiences it is first Robot's own bodily issues coming to terms with his illness. Afterwards, the narrative becomes that of his relationship in the world as a wounded body. Finally, his narrative shows the new map and direction his life has taken as a result of that illness—including facing the trauma of the loss of his former road map and coming to terms with how his life has ended up differently than he expected.

Robot's second dream temporarily moves from his longing for a disciplined body to that of a mirroring body. Frank describes this writing, "The mirroring body defines itself in acts of *consumption*. The body is both instrument and object of consuming: the body is used to consume, and consumption enhances the body: feeding it, clothing it, grooming it, and, in the consumption of medical services, curing it" (43, emphasis in text). This dream is an extension of the actual event of a trio of rabbits³ washing upon the shore next to Robot. In his dream, Robot imagines that the real rabbit visitors he sees above him on the beach will provide him with the medicinal cure to his ailments, restoring his body to working order. The dream sequence is composed of recognizable health iconography for children, that of liquid being poured out of a bottle, into a spoon, and then into Robot's waiting mouth (Varon 43). Frank explains that the "body-self is called mirroring because consumption attempts to recreate the body in the images of other bodies. . . healthier bodies" (43). In the dream, after taking what appears to be his spoonful of medicine, Robot smiles, stretches, and then leaves happier and healthier as he returns home to Dog. For the wounded reader, this dream reflects her own relationship to the mirroring body and the dream of finding rejuvenation through consumptive medical practices for her own illness.

Unfortunately, this dream is proven false. Instead of attempting to cure Robot, the rabbits have selfish reasons for their engagement with him, callously hacking off his leg in order to remove his toe for use in plugging a hole in their boat. In a visual representation of the concomitant shattering of his dream along with his body, the final panel in the dream sequence is itself broken into pieces (Varon 45). Such disfigurement not only reflects the dehumanization that occurs socially to the ill-body but also further positions Robot in this sequence as the mirroring body: "The primary sense [of the mirroring body] is visual. . . . The mirroring body thus attempts to make itself exactly what the popular phrase calls 'the picture of health.' *The mirroring body fears disfigurement*" (Frank 44, emphasis added). This encounter is the first to write itself visibly upon Robot's body, indelibly marking him with illness and thus the failure of the mirroring body.

Robot's next dream continues to engage with the workings of the mirroring body ideal but also returns to that of the disciplined body as it deals with the body-problem of control. Frank explains the dilemma of control as a struggle between the impossible ideal of predictability and the ineluctable reality of contingency: "People define themselves in terms of their body's varying capacity for control. . . . But disease itself is a loss of predictability. . . . Some ill people adapt to these contingencies easily; others

experience a crisis of control. Illness is about learning to live with lost control” (30). All people, whether currently experiencing illness or not, must eventually deal with the contingencies of the body. These uncontrollable bodily reactions will vary throughout life. The wounded body, however, more directly faces a crisis of contingency that is otherwise nonnormative—be that in comparison to the rest of society or simply to the pre-wound body. This particular dream for Robot deals with his battle over bodily control, namely the ability to will his body to overcome its physical impairment. Buried under layers of snow, Robot dreams of gritting his teeth and forcing his limbs to move, allowing him to dig his way out of the snow, brush himself off, and stroll home at ease (Varon 86-7). In this dream sequence, Robot is not entrapped by his ill body but has complete control over his bodily actions. It’s notable in this dream that his relationship to the mirroring body is still present even as he is also connected to the disciplined body; whereas the previous dream ended with the reality of Robot’s amputation, this dream shows Robot’s body made whole again, at least within the panels of the dream sequence.

Perhaps suggesting the impossibility of such a dream of control, Robot’s dream turns to nightmare as he watches Dog laughing and walking arm-in-arm with a nearly-identical⁴ replacement robot. It can be understood from this that control over one’s body—much like control over one’s life—is futile. Robot’s reaction to this nightmarish sight represents within this same dream of control the body-problem of desire or, more specifically, lack thereof. Frank explains that “some bodies, particularly ill bodies, do cease desiring. The body’s problem of desire generates a continuum between bodies that have come to *lack* desire and those that remain *productive of desire*. Illness often precipitates a condition of lacking desire” (38, emphasis in text). After witnessing the ease of his replacement and thus his lack of worth to Dog, Robot’s ability to desire companionship, and along with it life, plummets. This experience represents what Anatole Broyard means when he writes, “[I]t may not be dying we fear so much, but the diminished self” (qtd. in Frank 39). Robot responds to this crash in desire by dreaming of returning to the beach and burying himself face down beneath the snow (Varon 90), internalizing instead his isolation and lack of worth. With this dream coming relatively early in the story, “the narrative tension is whether lost desire will be regained” (Frank 38).

The next couple of dreams Robot has represent the two body-problems of body-relatedness and other-relatedness. Frank describes one’s relation to her body as being part of a continuum from dissociated, a move to separate oneself from the body and ignore its presence, to associated, the act of being present in the body: “As long as the body is healthy and mortality is beyond the horizon of consciousness, associating the self with the body comes easily. The recognition of mortality complicates this association” (33-4). Because “the quality of association changes” in regard to the health of the body (Frank 34), association can be either problematic or positive depending on how it is reconciled and particularly in how the previous body-problem, control, is experienced at the time. For Robot while he is trapped under the snow, being associated with his body is inhibiting. This prompts him to dream of escaping his embodied experience. In the first of his two dissociative dreams, Robot lies buried under the snow, much like his earlier dream, and exerts control over his body willing it to work, only this

time he digs downward through the snow. His digging leads to dissociation—not, at this time, from his own body specifically but from the rigid confines of the logical, natural world in general, an act represented by Robot’s breaking through the panel’s frame and emerging into a new world (Varon 100).

In this new world, Robot finds companionship in another unlikely body—a fantastic flower creature, and here the connection with this dream to the body-problem of other-relatedness becomes clear. Frank posits that “[o]ther-relatedness as an action problem is concerned with how the shared condition of being bodies becomes a basis of empathic relations among living beings” (35). On one side of the continuum of other-relatedness, Frank places the “*dyadic* body” which he explains as “the recognition that even though the other is a body outside of mine. . . this other *has to do with me, as I with it*” (35, emphasis in text). Together, Robot and the flower creature lock arms and walk side by side. In the final full page panel of this dream sequence, Robot and the flower creature are interconnected by a vector composed of the notes of music they listen to while being surrounded by others, including a resting frog and a music-playing duck (Varon 102-3), removing Robot from his isolation under the snow and delivering him into a dyadic community of brothers.

While this first dissociative dream is one driven by dyadic positioning, the next dream turns to monadic positioning. On the opposite end of the continuum from the dyadic is the “*monadic* body, understanding itself as existentially separate and alone” (Frank 36, emphasis in text). In his second dissociative dream, Robot transcends his earthly body by literally rising above it all. This is achieved by grabbing onto a helpful bird’s leg who kindly swoops him upward into the sky. After landing softly upon a cloud, Robot peers happily over the edge and looks down upon the distant Earth before curling up in the arms of the cloud and resting in peace (Varon 114-7). The visual iconography and metaphors evoked create an ethereal tone to this dream, allowing the possibility of understanding it as a desire for dissociation from the entrapment of embodiment to the point of longing for the release of death. The desire for release through dissociation is even further emphasized in the visual doubling that occurs in the final panel of this dream sequence where the buried actual Robot smiles upward at the freed dream-projection Robot who looks outward at the vast openness of the ocean (Varon 121). This is an understandable transition from his previous dream: another month (for a total of six) has passed by him and the likelihood of companionship is waning along with a growing negative relationship to his associated and trapped body. However, he has also had more time to come to terms with his isolation and internalize a monadic position. Frank explains that “[p]ostmodern illness is an experience, a reflection on body, self, and the destination that life’s map leads to” (7). This marks the last of Robot’s dreams of rewriting his map and attempting to understand where this new map representative of a wounded life might lead.

Part II: Waking Up: Robot’s Reality of Remission and the Communicative/Postcolonial Body

The remaining portion of the narrative is told entirely in panels of reality as opposed to dream sequences. After the snow clears, a junker finds Robot’s body and

decides to bring it to a scrapyard for money. Tin, what Robot is made of, is worth the lowest value of all the listed metals on the scrapyard sign, and after being sold he is unceremoniously dragged and tossed out, resulting in his already disfigured body completely falling to pieces. Such treatment, similar to that of the rabbits, reflects society's inhospitable nature in regards to the wounded body and how frequently social actions reflect the devaluation of it that leads to the body-problem of lacking desire.

Thankfully, his story doesn't end there. A handyman arrives at the scrapyard looking for pieces to fix his radio and finds Robot instead. He purchases him, brings him home, and puts him together (albeit as a new radio-hybrid robot, but still in a functional bodily state). From this point on, Robot could be considered no longer ill or wounded, but his experience fits in with that which Frank describes as the remission society:

Members of the remission society include those who have had almost any cancer, those living in cardiac recovery programs, diabetics, those whose allergies and *environmental sensitivities require* dietary and *other self-monitoring*, those with *prostheses*⁵ and mechanical body regulators, the chronically ill, the disabled, those "recovering" from abuses and addictions, and for all these people, the families that share the worries⁶ and daily triumph of staying well. (8, emphasis added)

This understanding of a remission society could never have come about had the evolution of the illness narrative from modern to postmodern not changed the way body-problems in regards to illness are viewed, particularly the acknowledgement of "what it means to live in the wake of illness" which Frank describes as notably "postmodern" (9). He argues that the "modernist 'sick role' carries the expectation that ill people get well, cease to be patients, and return to their normal obligations. In the remission society people return, but obligations are never again what used to be normal" (Frank 9). While the balance of such things as control and body-relatedness are clearly affected with Robot's new embodiment, the alteration of his embodiment altogether is undeniable: Robot's body will never again be the body he had, and his life's map will never again return to the original track or lead to the same destination that it once did. He has been forever changed by his experience with illness and he must always remain vigilant of his body's relation to the world in order to prevent a relapse of illness.

Robot's dreams represent his experience of the various issues and fluctuating ideal types of the ill body. However, his final awake reality culminates his story with the "idealized type": the communicative body (Frank 48). The communicative body is one that has accepted those things that cannot be changed as well as those that are destined to continue changing. In its transition, the final communicative body is one that has overcome the mirroring dilemma of the ideal image and entered into a communicative relationship with the world, speaking outward of its own presence in order to take agency as well as live ethically for an other as a dyadic self. It has accepted the perennial contingency of the human body and impossibility of predictability. Frank explains that this ideal(ized) body type looks at "suffering as life's inevitable *contingency* and on service as a *productive* desire to join with other bodies express[ing] the full ethical ideal of the communicative body" (50, emphasis in text). Part of Frank's ethics of living for

another comes in how the communicative body “see[s] reflections of its own suffering in the bodies of others. When the body is a desiring one, the person wants and needs to relieve the suffering of others” (49).

The end of the novel reveals Robot’s move through the body types to this communicative body that experiences a resurgence of his once-lost desire, but in the communicative manner this desire is dyadic in its external projection. In the final scene, Robot’s desire has come full circle: it initially began as his desire for companionship with Dog, shifting to his desire for a community of companionship to ease his isolation, moving through his loss of all desire and viewing himself as lacking, and finally ending in his performance of an act of living for another through his interactions with Dog. Staring out the window of his new home, Robot sees Dog walking down the street with a new robot companion. Time slows in a sequence of moment-to-moment panel transitions with close-ups of Robot’s face displaying his series of emotions from shock to distress to heartbreak (Varon 203-4). It would be understandable at this moment if Robot’s relation to the body-problem of desire turned towards that of lacking; however, Robot’s experiences have resulted in an acceptance of his new life map and destination, and his response is instead one of productivity.

Living for the other in regards to illness becomes crucial to the conclusion of the narrative and is related to the experience of the ethics of the dyadic body as Frank describes it: “Dyadic bodies exist *for* each other: they exist for the task of discovering what it means to live for other bodies” (37, emphasis in text). Robot’s story plays a dual role in living for another. In the diegetic world of the narrative, Robot’s final act is that of playing music for Dog. Robot employs his new radio torso in this communicative act while watching Dog and his new robot companion out the window. The music exudes from his body—his new body reshaped by illness—and floats down through the window and into the ears of Dog. His action brings joy to Dog, which can be read in his wagging tail as he, in turn, whistles Robot’s tune. Instead of dwelling on a monadic experience of suffering at this moment, Robot’s action recognizes in Dog the loss and effect of Robot’s illness upon Dog as well, leading to his reaching out to bridge the gap and sooth the soul. This action ties the narrative back to another connection across bodies via music that happens in Robot’s earlier dissociative/dyadic dream: just like music connected the lonely Robot to a community of friends in his dream of escaping his embodied isolation, this music connects Robot back to Dog.

But Robot’s story also lives for another in a more important way: in the extradiegetic way that it presents to children a representation of an illness narrative. In this way, *Robot Dreams* takes part in the same ethics of illness narratives that Frank discusses is inherent in storytelling: “Ill people’s storytelling is informed by a sense of responsibility to the commonsense world and represents one way of living *for* the other. People tell stories not just to work out their own changing identities, but also to guide others who will follow them” (17, emphasis in text). In so doing, the book as a whole exists for the goal of informing and validating the potential wounded body of the reader and works to position both the book and that reader, in the words of Albert Schweitzer, as becoming one who “no longer belongs to himself alone; he has become the brother of all who suffer. It is this ‘brotherhood of those who bear the mark of pain’ that demands humane medical services” (qtd. in Frank 35).

As child readers experience this ethics of the (ill) body in *Robot Dreams*, they are given the chance to view the productive/communicative body as a model for their own experiences in the world. Frank puts this model of the remission society member's desire to speak in an "active voice" in perspective when he writes, "Those who work to express this voice are not only postmodern but, more specifically, *post-colonial* in their construction of self. Just as political and economic colonialism took over geographic areas, modernist medicine claimed the body of its patient as its territory; at least for the duration of the treatment" (10, emphasis in text). At the end of *Robot Dreams*, Robot proclaims a voice—arguably the only moment of vocalization in the dialogue-free comic. Notably, his voice is the product of his illness-altered body as it comes from his new radio-torso as opposed to his pre-illness mouth. This voice travels across space and into the ears of Dog. The reader knows that Robot's voice has been heard as Dog subsequently begins to whistle a tune—presumably the same tune he has just heard—in the final panel of the comic, thus allowing Robot's act of voice to serve as a counter to the postcolonial fear of being "effaced entirely" (Frank 13). With *Robot Dreams* participating in both a diegetic vocal construction of the ill body and an extradiegetic voicing of an illness narrative, the text as a whole serves the role of the postcolonial voice: "As a post-colonial voice, the storyteller seeks to reclaim her own experience of suffering. As she seeks to turn that suffering into testimony, the storyteller engages in moral action. The themes of body, voice, and illness culminate in the ethics made uniquely possible in postmodern times" (Frank 18).

The presence of a postcolonial text in the world of children's literature is particularly important due to the way children are positioned as colonized subjects in society. Perry Nodelman draws parallels between the way colonialism constructs the other and the way adults—and even children's literature—construct the child, highlighting the way the child (like the other) is positioned as "inherently inferior" (29), actively "silenced" (30), and is subjected to "domination" (32), among many other similarities. Likewise, Frank explains the colonial forces working upon the ill subject, pointing out that "Gayatri Chakravorty Spivak speaks of colonized people's efforts 'to see how the master texts need us in [their] construction...without acknowledging that need'" (11). Following this, he asks (and subsequently answers), "What do the master texts of medicine need but not acknowledge? . . . [T]he master text of the medical journal article needs the suffering person, but the individuality of that suffering cannot be acknowledged" (Frank 11-2). Similarly, children's literature needs the story and presence of the child but often denies the individuality and agency of the child.

Following these thoughts, certainly the child who is ill or in remission could doubly claim such colonized status. An understanding of this colonization of the sick child is further delineated when we consider the capitalization of sick child bodies and images for their sympathy-inducing, fund-raising abilities. The monetization of the sick child body came to power in the early twentieth century when campaigns like the March of Dimes and The Jimmy Fund used images of sick children for fundraising (Krueger 72). Gretchen Marie Krueger explains how images of "children with dread diseases have been used to personalize, publicize, and often exaggerate the threat of disability and disease" in order to augment fundraising efforts (91). Children, such as Einar Gustafson whose identity was effaced supposedly for his protection—but also conveniently

replaced with Jimmy, a “common boy’s name” that made him “a poster child with all-American attributes and interests” (Krueger 83)—were used for their ability to “elicit emotional responses and donations from a wide audience” (Krueger 70). However, in the same colonizing act as the medical journal, these individuals are transformed into mass commodities, used to show parents that “*any* child, *every* child, or even *their* child was vulnerable to the threat of this grave set of diseases” (Krueger 72, emphasis in text). The master text of the medical fundraiser needs the suffering child, but the individuality and actuality of the child as sufferer cannot be acknowledged, particularly to children themselves.

Robot’s final act of vocalization provides the text with the chance to challenge the silencing scripts of colonization and rewrite the narrative with a postcolonial voice. Frank postulates that “post-colonial members of the remission society are demanding, in various and often frustrated ways, that medicine recognize its need for them. Refusing to be reduced to ‘clinical material’ in the construction of the medical text, they are claiming voices” (12). If Robot’s vocalization is such a postcolonial act, what does this mean for the child reader? Jacqueline Rose explains the role of a text for constructing children saying, “If children’s fiction builds an image of the child inside the book, it does so in order to secure the child who is outside the book, the one who does not come so easily within its grasp” (qtd. in Nodelman 32). Nodelman explains this is partly done through the text providing the child reader someone with whom she can identify, but it’s also done through restricting the images provided to the child for that identification (32). *Robot Dreams* serves as a postcolonial text in how it reaffirms identification with the remission society and models illness narratives as possible road maps that challenge the normativity of the “healthy” narrative. It also does exactly as Rose suggests: it constructs kids as postcolonial citizens by modeling the kind of active voicing and reclaiming of identity that occurs at the end of the book. In this way, the possible, actual sick child reader of the text isn’t erased, simplified, or commodified, but individualized and empowered.

Part III: The Visual Rhetoric of Storytelling to/about Wounded Children

Varon’s text doesn’t just work as an illness narrative for children engaging in Frank’s exploration of the wounded body on the level of fabula. Her stylistic and rhetorical choices help her text engage with a literary history of illness on a larger scale and place it into the company of other graphic medicine narratives. The first of these strategies that might seem counterproductive is the noticeable replacement of the human body with anthropomorphized characters, placing it in what is known as the funny animal genre. At first glance, this might seem solely intended to position the text as a children’s book, which it does to an extent. The funny animal genre—in the U.S. at least—has been largely associated with child readers and “safe and family-friendly” content starting from the 1930s and becoming progressively more juvenile as a result of the 1954 Comics Code (Gardner).

As an illness narrative, *Robot Dreams* does embrace the kind of juvenilization that accompanies its presence in the funny animals genre. However, it does so in a way that utilizes the affordances of this genre as Jared Gardner explains them: “Putting on

display the darkest, most uncomfortable truths about the human condition through adorable creatures both feathered and furry, creatures who leave us vulnerable to truths we might otherwise deflect.” Such truths include the contingency and vulnerability of the human body. With the aid of nonhuman actors, Varon is able to tell these truths in such a way that shows a respect for the maturity of the child reader to be able to handle them while simultaneously tempering the potential traumatic effects of seeing the young body’s wounds put on display. Gardner explains that it’s because of the innocuous guise of the funny animals themselves that the genre has “the power to speak truths that might otherwise go unspoken.” Through its anthropomorphism, *Robot Dreams* speaks to a child audience while also refusing to shy away from powerful—some would even argue mature—messages. As a result, Varon’s text displays a return to a multivalent pre-Code understanding of the funny animals genre.

More than just marking it as a complex text that speaks to children, the book’s inclusion in the funny animal genre actually places it in the company of other notable graphic medicine narratives written for adult audiences. One of the first is that of Art Spiegelman’s canonical *Maus*, a graphic memoir that could be categorized as graphic medicine in its presentation of the mental and emotional effects of trauma. In *Maus*, Spiegelman tells his family’s personal history of involvement in the Holocaust, but he chooses to draw the Germans as cats, Jews as mice, and Russians as pigs. Spiegelman’s first instantiation of *Maus* was a short story by the same name published in a 1972 collaborative comic titled *Funny Animals* (Gardner), a misspelled title that self-consciously demarcates the text’s use of the funny animals genre while simultaneously altering it with a more complicated perspective. Spiegelman’s use of this genre “forces us to confront [Hitler’s] particular racial rhetoric by recognizing his cats, mice, and pigs as humans” (Gordon 184). As Ian Gordon posits, regardless of its being drawn in a historically undermined genre, “*Maus* has made comics respectable” (192).

Another graphic medicine narrative that utilizes the funny animal genre is David B.’s *Epileptic*, one, akin to *Maus*, that displays “ideological tensions in the text’s questioning of race and illness (or moribundity) as twin afflictions of the body proper” (Chaney 143). Michael Chaney queries if the presence of limited anthropomorphic animal characters in this text, like the homeopathic healer Master N who is drawn as a cat, is a commentary upon the result of a “willing proximity to the infirm body—which everywhere in the text is shadowed by animal monstrosity—that transfers this honorific animal coding” (143). Similar in its use of limited anthropomorphism is David Small’s *Stitches*, with, much like *Epileptic*, David’s childhood therapist drawn as a large rabbit. None of the aforementioned comics would be confused as simplistic or juvenile in nature, and yet all of the artists chose to work to some extent within the funny animals genre, showing Varon is in good company with her choice of genre. Considering that all of these texts deal with trauma and illness, we might ask the question, “Does not the animal often function as the semiotic talisman in comics for broaching such questions of representation and its limits?” (Chaney 131).

Much as Chaney ponders the use of animals for representation in comics, Chandra Mukerji and Tarleton Gillespie argue, “Images of the child, as they morph into animals here and robots there, raise questions about the very nature of childhood” (232). The limits of the representation of children, particularly those whose lives don’t

fit into the narrative of childhood in society, connect the anthropomorphism in *Robot Dreams* not just to the funny animals genre and trend of graphic medicine, but also to the dilemma of how to represent the sick child. The failure of the illness narrative's crossover from adult to children's graphic narratives is somewhat surprising when the popularity of the parallel focus of the chronically ill teen in young adult novels—commonly referred to as “sick-lit”—is taken into consideration. This genre of young adult literature most recently garnered attention following the substantial success of John Green's novel and subsequent movie adaptation of *The Fault in Our Stars* in 2012 and 2014, respectively. Green tells the story of Hazel Grace, a teen diagnosed with terminal cancer from childhood who suddenly meets a fellow cancer patient and struggles with the dilemma of love in the face of death. Youth media attempted to capitalize on Green's success by following suit with FOX's *Red Band Society*⁷, a television series which focuses on the experiences of several young patients who live together in a hospital pediatric ward. But even before *The Fault in Our Stars*, the chronically ill teen was of great interest to U.S. readers, with Lurlene McDaniel's *Sixth Months to Live* (1985) being nominated by youth readers to be placed in the Library of Congress 1989 time capsule to denote the book—along with her string of other terminally-ill-teen focused works—as notable and beloved (Elman 93).

With the presence of the ill teen being popular in youth fiction, and the genre of graphic medicine burgeoning in adult comics, it seems like an oversight that there is a lack of sick-lit for children or graphic medicine for kids. Perhaps the problem lies in the visualization of the sick youth. After all, even the successful sick-lit young adult novels are all solely textual and their visual media counterparts are populated in such a way where “[e]veryone is Abercrombie hot; [and] cancer, in this world, seems suspiciously correlated with high cheekbones” (Nussbaum). Or perhaps it's the troubling presence of the child herself—as opposed to the teen or adult—to which Daniel Cook refers as “a preeminent site for political contestation and ideological conflict” (6). Hidden within the paucity of visual representations of sick children for children in the U.S. is society's struggle to acknowledge the existence of this reality as it attempts to protect the innocent child.

When the most recent boom in teen sick-lit occurred, some critics were less than supportive of it. Tanith Carey referred to the genre as “distasteful” and urged parents to carefully guard their children from reading these texts that sensationalized sickness for a profit. Yet as Gretchen Krueger points out, sick children have historically been used for profit in the U.S.—albeit charitable profits, but a commodification of the sick child body deemed acceptable nonetheless (70). S.E. Smith responds to Carey's concerns, writing, “Every time one of these op-eds is published, it serves as a reminder that children who experience hardship are freakish and weird, and that childhood should be a happy, unicorn and rainbow-filled place.” By utilizing the funny animal genre, Varon is able to write a text for children that could be read as displaying ill robots and animals as proxies for the ill human child without garnering attack from critics in the same way other realistic sick-lit texts have. Yet this can also be viewed as a pointed strategic move upon the battlefield of the representation of children to take up Mukerji and Gillespie's charge and question childhood in itself.

Another rhetorical choice made by Varon that engages with this same question of the limits of semiotic representation is that of making her comic wordless. Similar to her choice of the funny animal genre, the wordlessness of *Robot Dreams* has the effect of creating a perception of it as a text intended for a young, preliterate audience as “[t]raditionally, wordless children’s books have been created mostly for very young children, children who have not yet reached an age when they are expected to be able to read” (Postema 313). Regardless of the intended age of the text’s reader, its lack of words does allow the required verbal literacy bar to be lowered and, with it, the potential age of the audience, but not in a way that sacrifices complexity. As Barbara Postema explains, “A narrative in pictures offers such readers a text in which they do not get hung up on words and spellings. Consequently, these texts draw attention to the active processes involved in reading and interpretation, which is something that applies to readers at any level” (320). Furthermore, in a wordless comic, whether in its entirety or in a select powerful scene as Martin Schüwer discusses, readers will have to use a “more intensive process of combination and deduction” in order to understand the workings of the narrative (qtd. in Rippl and Etter 211), even requiring a slowing of reading in order to process it. Coupled with the historical engagement of the genre, this characteristic helps Varon’s text work on a multitude of age and ability levels without alienating any one reader.

Words in illness narratives have a history of creating an isolating and colonizing effect. As Frank explains:

[A] core social expectation of being sick is surrendering oneself to the care of a physician. I understand this obligation of seeking medical care as a *narrative surrender* and mark it as the central moment in modernist illness experience. The ill person not only agrees to follow physical regimens that are prescribed; she also agrees tacitly but with no less implication, to tell her story in medical terms. . . . The physician becomes the spokesperson for the disease, and the ill person’s stories come to depend heavily on repetition of what the physician has said. (5-6, emphasis in text)

The words of the medical narrative as prescribed by the physician are “unfamiliar and overwhelming” for patients who “accumulate entries on medical charts which in most instances they are neither able nor allowed to read; the chart becomes the official story of the illness” (Frank 5). Words then, here in the form of medical jargon, create a similar effect in those ill persons hearing or reading them as they do for the child reader approaching a text written at a higher literacy level. However, Varon’s wordlessness utilizes a rhetorical tool to bypass the baggage of the word as attached to the medical professional in modern illness narratives. Linguistic semiotics carries no narrative weight in *Robot Dreams*, thus disempowering the word and empowering the image, the body as signifier, and the embodied reader.

This position of power for the physician and disempowerment of the patient, which Varon’s text challenges⁸, is part of the modern approach to medical narratives. Frank posits that “[p]ostmodern times are when the capacity for telling one’s own

story is reclaimed. Modernist medicine hardly goes away: the postmodern claim to one's own voice is halting, self-doubting, and often inarticulate, but such claims have enough currency for illness to take on a different feel" (7, emphasis in text). If, as Frank argues, the act of the ill person's narration is characterized by inarticulation, then the convention of wordlessness for the narrative supports the very nature of illness narratives. This wordlessness speaks to the difficulty of articulating in words the experience of the wounded body and the silence that accompanies the trauma effected by illness. If illness can be viewed as trauma inducing, then Leigh Gilmore's explanation of "the self-altering, even self-shattering experiences of violence, injury, and harm" and "the multiple difficulties that arise in trying to articulate it" become understandable as part of the ineffability of the illness narrative (qtd. in Jacobs and Dolmage 69-70). Frank seconds this view of the ineffectiveness of words to convey these experiences, saying, "Telling stories of illness is the attempt, instigated by the body's disease, to give a voice to an experience that medicine cannot describe" (18). He speaks of his own illness narrative saying, "I found the language too distant from the immediacy of embodied suffering that I had recently experienced" (Frank 25). Dale Jacobs and Jay Dolmage argue "that comics in general. . . might offer unique multimodal means to multiply modes of representation, and perhaps also to interrogate the limitations of these modes" (87). Varon's text certainly interacts with this and, through her choice to minimize the linguistic, explores the balance of multimodality sans the linguistic for narrating the illness experience.

In so doing, *Robot Dreams* also attempts to answer Frank's question, "How can we make sense of illness stories as being told *through* the diseased body?" (3, emphasis in text). Words seem to fail as the medium of storytelling as "the body eludes language. . . . The ill body is certainly not mute—it speaks eloquently in pains and symptoms—but it is inarticulate. We must speak for the body, and such speech is quickly frustrated: speech presents itself as being about the body rather than of it" (Frank 2). A visual rhetoric seeks to utilize the speaking body as a more effective alternative to speaking for the body. Robot's illness narrative is told visually. Pain is read on his face and in his gestures, and the wounds his body is subjected to are shown rather than described. Even when Dog temporarily steps into the kingdom of the ill as Susan Sontag calls it (Frank 9), his change in health is read through his body: he exhibits facial distress such as gritted teeth and disturbed eyes, sweats profusely, clutches his stomach in pain, and even crouches over the toilet suggesting food poisoning from his shared meal with anteaters (Varon 79-83). The visual text then allows the wounded body to speak for itself and meets the expectations Frank has for a storytelling that acknowledges rather than remediates or effaces its teller: "The stories that ill people tell come out of their bodies. The body sets in motion the need for new stories when its disease disrupts the old stories. The body, whether still diseased or recovered, is simultaneously cause, topic, and instrument of whatever new stories are told" (2, emphasis in text).

Since *Robot Dreams*, Cece Bell's *El Deafo* has been published, a graphic medicine narrative that utilizes the same rhetorical strategy of anthropomorphism and has received exceptional praise including a 2015 Newbery Honor. Perhaps it's in the balance between the funny animal genre and the wordless comic that children's literature, like its adult counterpart, will find its way into a greater participation in graphic medicine,

embracing an alternate form of the ill child's body. Whether this is true or not, select works like *Robot Dreams* and *El Deafo* respect child readers' abilities enough to bring them into the conversation of illness narratives and acknowledge the reality of their potential presence in the remission society.

Notes

¹ The anthropomorphized characters in Varon's text are genderless. Without the construct of language, gendered pronouns and names fail to provide any clues as to the sex of the characters, and Varon's illustrations rarely provide any visual clues, something I believe is an intentional inclusion of Varon's work. For arbitrary reasons I have chosen male pronouns for both Robot and Dog. However, my decision to avoid assigning opposite genders to Robot and Dog, as Barbara Postema does (321), is done in the hopes of countering heteronormativity, as the relationship between Robot and Dog could be read as a romantic one as well. The flexibility of avoiding gender constructs is yet another strength of the wordlessness and overall construction of Varon's text.

² Not discussed in this paper is this ideal body type that Frank names the "dominating body [that] defines itself in *force*" (46, emphasis in text). Frank explains that this is a body type that exists when the person's relationship with the ill body leads to frustrated dissociation and violent reactions towards others. I have forgone a discussion of this body type here as it doesn't appear in any of Robot's dreams. Part of this is just the nature that not all ill persons will experience all of the body types Frank describes. But another way to perceive this omission in Varon's novel is the social position of children as dominated versus dominating. It's less likely that a child reader will be able to associate with a dominating position given the construction of kids in society.

³ I have chosen in this paper to follow the linguistic choice of capitalizing Robot and Dog as is modeled on the book flap of *Robot Dreams*. Also following the book flap's lead, I have relegated all side characters (rabbits, anteaters, etc.) to lower case spellings.

⁴ This robot doppelganger—whose only noticeable difference is that of a shiny antenna—might be another inclusion intended to remind the reader of the struggle of the mirroring body as well.

⁵ Robot's environmental sensitivities to water and the sun are easily perceivable in the text, however his final body state could also be perceived as one that utilizes prostheses. Robot's torso and left leg are not original to his body but additions from the radio added by the handyman.

⁶ Using this definition, even Dog can be included in the definition of the remission society. Later in the text when Dog makes a new robot friend, his concern over the physical health of his new friend is visibly discernable. When they arrive at the beach, his new friend runs to the water to play. Dog covers his mouth in a gasp and forcefully pulls the new robot back to protect him from the same fate as Robot. He further expresses his concern over the care of his new friend by clutching his stomach with his hand and letting out a relieved exasperation when his new friend is safe on the beach blanket (Varon 193-5). Finally, he actually takes the time to help bodily prepare this friend for his time in the sun by rubbing oil over his body, all recognizable gestural reactions and physical actions those family members of the ill could recognize in the care of their loved one.

⁷ *Red Band Society* is a U.S. adaptation of the 2011 Catalan television series *Polseres vermelles* which predates *The Fault in Our Stars* (Nussbaum).

⁸ In addition to the agentic voice of the ill person in postcolonial illness narratives, Frank also discusses another way power is shifted away from the physician and to the patient in postmodern/postcolonial illness narratives: “[T]he new feel of these stories begins in how often medicine and physicians do *not* enter the stories” (13, emphasis in text). The reader can question whether or not the professional medical narrative is present at all in Varon’s text. The only character whose actions could possibly fulfill that of the professional physician is the handyman. After bringing Robot’s disassembled body to his home, the handyman places all of the pieces upon a table. The subsequent actions of repair on the unpaneled page show the handyman drilling, sawing, polishing, and reconnecting the pieces of Robot’s body in actions that can be perceived as an illness narrative’s surgical procedures. Yet even if the handyman is considered as the physician, Robot’s experience with him “fixing” the body is one that doesn’t come until significantly late in the narrative (173-6). Furthermore, the end of the “surgery” leaves the “physician” stumped as he can’t figure out how to continue fixing Robot. The final solution is delivered not at the hands of the handyman/physician, but of Robot as he takes the final steps to fix himself, rearranging what the handyman has done until it works for him.

Works Cited

- B., David. *Epileptic*. Trans. Kim Thompson. New York: Pantheon, 2005. Print.
- Bell, Cece. *El Deafo*. New York: ABRAMS, 2014. Print.
- Carey, Tanith. "The 'Sick-lit' Books Aimed at Children: It's a Disturbing Phenomenon. Tales of Teenage Cancer, Self-harm and Suicide..." *Daily Mail*. 2 Jan. 2013. Web. 15 Oct. 2015.
- Chaney, Michael. "Animal Subjects of the Graphic Novel." *College Literature* 38.3 (2011): 129-149.
- Cook, Daniel Thomas. "Introduction: Interrogating Symbolic Childhood." *Symbolic Childhood*. Ed. Daniel Thomas Cook. New York: Peter Lang, 2002. Print. 1-14.
- Elman, Julie Passanante. *Chronic Youth: Disability, Sexuality, and U.S. Media Cultures of Rehabilitation*. New York: NYU Press, 2014. Print.
- The Fault in Our Stars*. Dir. Josh Boone. Perf. Shailene Woodley and Ansel Elgort. 20th Century Fox, 2014. Film.
- Frank, Arthur W. *The Wounded Storyteller: Body, Illness, and Ethics*. Chicago: U of Chicago P, 1995. Print.
- Gardner, Jared. "Invasion of the Funny Animals." *Public Books*. 15 Nov. 2014. Web. 2 May 2015.
- Gordon, Ian. "Making Comics Respectable: How *Maus* Helped Redefine a Medium." *The Rise of the American Comics Artist: Creators and Contexts*. Eds. Paul Williams and James Lyons. Jackson: UP of Mississippi, 2010. Print. 179-193.
- Green, John. *The Fault in Our Stars*. New York: Dutton, 2012. Print.
- Hersov, Kate. "About Us." *Medikidz*. 2015. Web. 3 May 2015.
- Jacobs, Dale, and Jay Dolmage. "Difficult Articulations: Comics Autobiography, Trauma, and Disability." *The Future of Text and Image: Collected Essays on Literary and Visual Conjunctions*. Eds. Ofra Amihay and Lauren Walsh. Newcastle upon Tyne: Cambridge Scholars, 2012. Print. 69-89.
- Krueger, Gretchen Marie. "'For Jimmy and the Boys and Girls of America': Publicizing Childhood Cancers in Twentieth-Century America." *Bulletin of the History of Medicine* 81.1 (2007): 70-93.
- McDaniel, Lurlene. *Six Months to Live*. Minneapolis: Darby Creek, 1985. Print.
- Mukerji, Chandra, and Tarleton Gillespie. "Recognizable Ambiguity: Cartoon Imagery and American Childhood in *Animaniacs*." *Symbolic Childhood*. Ed. Daniel Thomas Cook. New York: Peter Lang, 2002. Print. 227-254.
- Nodelman, Perry. "The Other: Orientalism, Colonialism, and Children's Literature." *Children's Literature Association Quarterly* 17.1 (1992): 29-35.
- Nussbaum, Emily. "Demographic Art: Genre Trouble in 'Red Band Society' and 'Outlander.'" *The New Yorker*. 15 Sept. 2014. Web. 20 Oct. 2015.
- Postema, Barbara. "Following the Pictures: Wordless Comics for Children." *Journal of Graphic Novels and Comics* 5.3 (2014): 311-322.
- Rippl, Gabrielle, and Lukas Etter. "Intermediality, Transmediality, and Graphic Narrative." *From Comic Strips to Graphic Novels: Contributions to the Theory*

- and History of Graphic Narrative*. Eds. Daniel Stein and Jan-Noël Thon. Berlin: Walter de Gruyter, 2013. Print. 191-218.
- Small, David. *Stitches*. New York: W.W. Norton & Co, 2009. Print.
- Smith, S.E. "‘Sick Lit’ Is Nothing New—Here’s Why It Matters." *XOJane*. 3 Jan. 2013. Web. 15 Oct. 2015.
- Spiegelman, Art. *Maus I: A Survivor’s Tale: My Father Bleeds History*. New York: Pantheon, 1986. Print
- Telgemier, Raina. *The Baby-Sitters Club: The Truth About Stacey*. New York: Graphix, 2006. Print.
- . *Smile*. New York: Graphix, 2010. Print.
- Varon, Sara. *Robot Dreams*. New York: First Second, 2007. Print.
- Williams, Ian. "Graphic Medicine: Comics as Medical Narrative." *Med Humanities* 38 (2012): 21-27.
- . "Why ‘Graphic Medicine’?" *Graphic Medicine*. 2015. Web. 3 May 2015.